

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | 3739 |
| Title:: | EMG Electrode Apparatus And Positioning System |
| Attorney Docket Number:: | FDT-002 DIV4 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 50 |
| Total Drawing Sheets:: | 35 |
| Small Entity:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|---|-------------------|
| Inventor Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Mark |
| Middle Name:: | T. |
| Family Name:: | Finneran |
| Name Suffix:: | |
| City of Residence:: | Wooster |
| State or Province Of Residence:: | OH |
| Country of Residence:: | US |
| Street of mailing address:: | 2125-C Eagle Pass |
| City of mailing address:: | Wooster |
| State or Province of mailing address:: | OH |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 44691 |

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kathryn
Middle Name:: E.
Family Name:: Alexander
Name Suffix::
City of Residence:: Columbus
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 265 Oakland Park Avenue
City of mailing address:: Columbus
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 43214

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: B.
Middle Name:: Russell
Family Name:: Alexander
Name Suffix::
City of Residence:: Colombus
State or Province Of Residence:: OH
Country of Residence:: US
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City of mailing address:: Colombus
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 43214

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Charles
Middle Name:: E.
Family Name:: Wickham, Jr.
Name Suffix::
City of Residence:: Glenford
State or Province Of Residence:: OH
Country of Residence:: US
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City of mailing address:: Glenford
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 43739

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: L.
Family Name:: Hitchcock
Name Suffix::
City of Residence:: Grove City
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 5985 Grand Run Place
City of mailing address:: Grove City
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 43123

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|---|--------------------|
| Inventor Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Scott |
| Middle Name:: | D. |
| Family Name:: | Howard |
| Name Suffix:: | |
| City of Residence:: | Galloway |
| State or Province Of Residence:: | OH |
| Country of Residence:: | US |
| Street of mailing address:: | 757 Cordelia Drive |
| City of mailing address:: | Galloway |
| State or Province of mailing address:: | OH |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 43119 |

Correspondence Information

Correspondence Customer Number:: 07733

Representative Information

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| Representative Customer Number:: | 07733 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | Division of | 09/806,632 | 04/02/2001 |
| 09/806,632 | National Stage of | PCT/US99/23033 | 10/04/1999 |
| 09/806,632 | An application claiming the benefit under 35 USC 119(e) | 60/103,105 | 10/05/1998 |

Assignee Information

Assignee Name:: Advanced Imaging Systems, Inc.

City of mailing address:: Cleveland

State or Province of mailing address:: OH